

ACORD™ SOUTH CAROLINA COMMERCIAL AUTO COVERAGES/LIMITS SECTION	DATE (MM/DD/YYYY)
AGENCY	APPLICANT (First Named Insured)
FACILITY CODE	

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	1 4 9	CSL BI EA PER \$						
	2 7	BI EACH ACCIDENT \$						
	3 8	PROPERTY DAMAGE \$						
PERSONAL INJURY PROTECTION	5	DEDUCTIBLE \$ \$	PHYSICAL DAMAGE					
	7		TOWING & LABOR	3 7	\$			
ADDL PERSONAL INJURY PROTECTION	5	WK LOSS \$	COMPREHENSIVE	2 4 8				
	7	MED \$		3 7				
MEDICAL PAYMENTS	2 4 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8				
	3 7			3 7				
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8				
	3 7	BI EACH ACCIDENT \$		3 7				
	4	PROPERTY DAMAGE \$ \$ DED						
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$						
	3 7	BI EACH ACCIDENT \$						
	4	PROPERTY DAMAGE \$ \$ DED						
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE			
NO					COMP \$ SPEC C OF L \$ COLL \$			
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
	NO					EMPLOYEES VOLUNTEERS PARTNERS	COVERAGES	SYMBOL
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS					

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	42 46					
	42 47	BI EACH ACCIDENT \$		43 47					\$
	43 50	PROPERTY DAMAGE \$							
PERSONAL INJURY PROTECTION	44	DEDUCTIBLE \$ \$	SPECIFIED CAUSES OF LOSS	42 46	SCL	FT	LSP		\$
	46			43 47	F	FTW			
ADDITIONAL P.I.P.	44	WK LOSS \$	COLLISION	42 46					\$
	46	MED \$		43 47					
MEDICAL PAYMENTS	42 46	EACH PERSON \$	TOWING & LABOR	46					\$
	43								
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE						
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$ \$ DED	48						
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE	49					
	43	BI EACH ACCIDENT \$		SPECIFIED CAUSES OF LOSS	48				
45	PROPERTY DAMAGE \$ \$ DED	49							
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS \$	COLLISION	48					\$
NO				49					
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
	NO								
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	COVERAGES			
	NO					EMPLOYEES VOLUNTEERS PARTNERS	SYMBOL	# TRAILERS	STATE
OTHER			OTHER						
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY					

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62 <input type="checkbox"/>	67 <input type="checkbox"/>				
	62 <input type="checkbox"/>	68 <input type="checkbox"/>	BI EACH ACCIDENT \$		63 <input type="checkbox"/>	68 <input type="checkbox"/>				
	63 <input type="checkbox"/>	71 <input type="checkbox"/>	PROPERTY DAMAGE \$		64 <input type="checkbox"/>					
	64 <input type="checkbox"/>									
PERSONAL INJURY PROTECTION	65 <input type="checkbox"/>			SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP			\$
	67 <input type="checkbox"/>		\$ DEDUCTIBLE \$		63 <input type="checkbox"/>	68 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW			
ADDL PERSONAL INJURY PROTECTION	65 <input type="checkbox"/>		WK LOSS \$	COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>				\$
	67 <input type="checkbox"/>		MED \$		63 <input type="checkbox"/>	68 <input type="checkbox"/>				
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>					\$
	63 <input type="checkbox"/>	67 <input type="checkbox"/>			67 <input type="checkbox"/>					
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>		PROPERTY DAMAGE \$ \$ DED	COMPREHENSIVE	69					
UNDERINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	70					
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$		69					
	64 <input type="checkbox"/>		PROPERTY DAMAGE \$ \$ DED		70					
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
	NO <input type="checkbox"/>		\$		70					
HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO <input type="checkbox"/>		\$							
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE		COVERAGE IS:					
	NO <input type="checkbox"/>		EMPLOYEES				PRIMARY	SECONDARY		
			VOLUNTEERS							
OTHER				OTHER						

COVERED AUTO SYMBOLS
 (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY
 (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD™ SOUTH CAROLINA AUTO SUPPLEMENT

PRODUCER	APPLICANT/NAMED INSURED	
CODE:	COMPANY:	EFFECTIVE DATE
SUB CODE:	POLICY#:	

1. OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. Automobile liability insurance coverage pays other motor vehicle drivers and their passengers whom you damage, for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage is coverage which pays people upon whom your motor vehicle inflicts bodily injury. Property damage coverage is, a coverage which pays people for damages your automobile causes to their motor vehicle or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$15,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$30,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide you with at least \$10,000 in property damage coverage for each accident which you may cause. you may have seen these limits described as \$15,000/\$30,000/\$10,000 or 15 - 30 - 10. These limits are commonly known as minimum limits. If you purchase automobile liability insurance, then in order to drive your automobile upon the roads of this State, you must have at least minimum limits. You may also comply with these requirements by purchasing a combined single limit of \$40,000.

There is no requirement under the laws of the State that an insurance company which underwrites your minimum limits of \$15,000/\$30,000/\$10,000 or a combined single limit of \$40,000 must also agree to underwrite higher than those minimum limits of automobile insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under the State's insurance laws once an insurance company agrees to underwrite your automobile liability insurance coverage for you, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed "additional uninsured motorist coverage" and "underinsured motorist coverage". You may also see them referred to within your automobile insurance policy as "UM" and "UIM". If you decide to purchase either of these two optional coverages, then you will be required to pay an additional insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts that you may be legally entitled to collect as damages from an owner or operator of an uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy must automatically provide uninsured motorist coverage of at least \$15,000/\$30,000/\$10,000 or a combined single limit of \$40,000. All uninsured motorist coverages provide for a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of liability coverage you will carry under your automobile insurance policy. Some of the more commonly sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts that you may be legally entitled to collect as damages from an owner or operator of an at-fault vehicle. An underinsured motor vehicle is a motor vehicle that is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. You have, however, a right to buy underinsured motorist coverage in limits up to the limits of liability coverage, which you will carry under your automobile insurance policy. Some of the more commonly sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

It is important for you to understand that if you reject either one of these coverages upon this Form and if you are involved in an automobile accident, this Form then may be used by your insurance company as evidence against you if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this Form, the law requires that additional uninsured motorist coverage and underinsured motorist coverage, at the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, your automobile insurance policy may then be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist or underinsured motorist coverage, then you must contact either your insurance agent or your insurance company. You will not be presented with another copy of this Form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy.

Please read this Form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina

Department of Insurance. Its address and telephone number are:
Office of Consumer Services

State of South Carolina Department of Insurance
1612 Marion Street
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: CnsmMail@doi.state.sc.us

2. Offer of Additional Uninsured Motorist Coverage

Split Liability Limits

Bodily Injury/Property Damage

Amount of Increased Premium

\$ 15,000 /\$ 30,000 \$10,000

Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

\$ 25,000 /\$ 50,000 \$10,000

\$ 50,000 /\$ 100,000 \$25,000

\$ 100,000 /\$ 300,000 \$50,000

\$ 250,000 /\$ 500,000 \$50,000

\$ _____ (other)

(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

Your Policy's Liability Coverage Limits:

\$ _____ /\$ _____ /\$ _____

Combined Single Limit

- \$ 40,000
- \$ 50,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$ _____ (other)

Amount of Increased Premium

Minimum Combined Single Limit
(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

Do you wish to purchase additional uninsured motorist coverage? Yes No

If your answer is "no," then you must then sign here. _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____

3. Offer of Underinsured Motorist Coverage

Split Liability Limits

Bodily Injury/Property Damage

\$ 15,000 /\$ 30,000 \$10,000

\$ 25,000 /\$ 50,000 \$10,000

\$ 50,000 /\$ 100,000 \$25,000

\$ 100,000 /\$ 300,000 \$50,000

\$ 250,000 /\$ 500,000 \$50,000

\$ _____ (other)

Amount of Increased Premium

Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

Your Policy's Liability Coverage Limits:

\$ _____ /\$ _____ /\$ _____

Combined Single Limit

- \$ 40,000
- \$ 50,000
- \$ 100,000
- \$ 300,000
- \$ 500,000
- \$ _____ (other)

Amount of Increased Premium

Minimum Combined Single Limit
(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

Do you wish to purchase underinsured motorist coverage? Yes No

If your answer is "no," then you must then sign here. _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____

4. Applicant's Acknowledgement

I hereby acknowledge that I have read, or have had read to me, the above explanations and offers of additional un motorist coverage and under motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I further understand that the above explanations of these coverages are intended only to be brief descriptions of uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under any of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

ZIP Code: _____